



# Bacteriological Report

I. PWS INFORMATION: Refer to your DEP Coliform Sampling Plan to help complete the PWS Information and DEP Approved Sample Site Information sections below.

PWS ID #: 1113000 PWS Name: Great Barrington Fire District City/Town: Gt. Barrington Class: COM  NTNC  TNC

II. ANALYTICAL INFORMATION: Refer to your Mass DEP state lab certificate for proper Lab MA Cert.# and certified methods.

Primary Lab MA Cert.#: M-MA1146 Primary Lab Name: Microbac Laboratories, Inc., LLC Subcontracted?(Y/N): N

Analysis Lab MA Cert.#: M-MA1146 Analysis Lab: Microbac Laboratories, Inc., LLC


Original Report  Resubmitted Report  Confirmation Report (1) Reason for Resubmission:  Resample  Reanalysis  Report Correction (2) Collection Date of Original Sample:

TC Method	E. Coli Method	Enterococci Method	Fecal Coliform	HPC Method	Lab Sample Notes:
19223 B (Colilert-18)-2004 (18)	19223 B (Colilert-18)-2004 (18)				

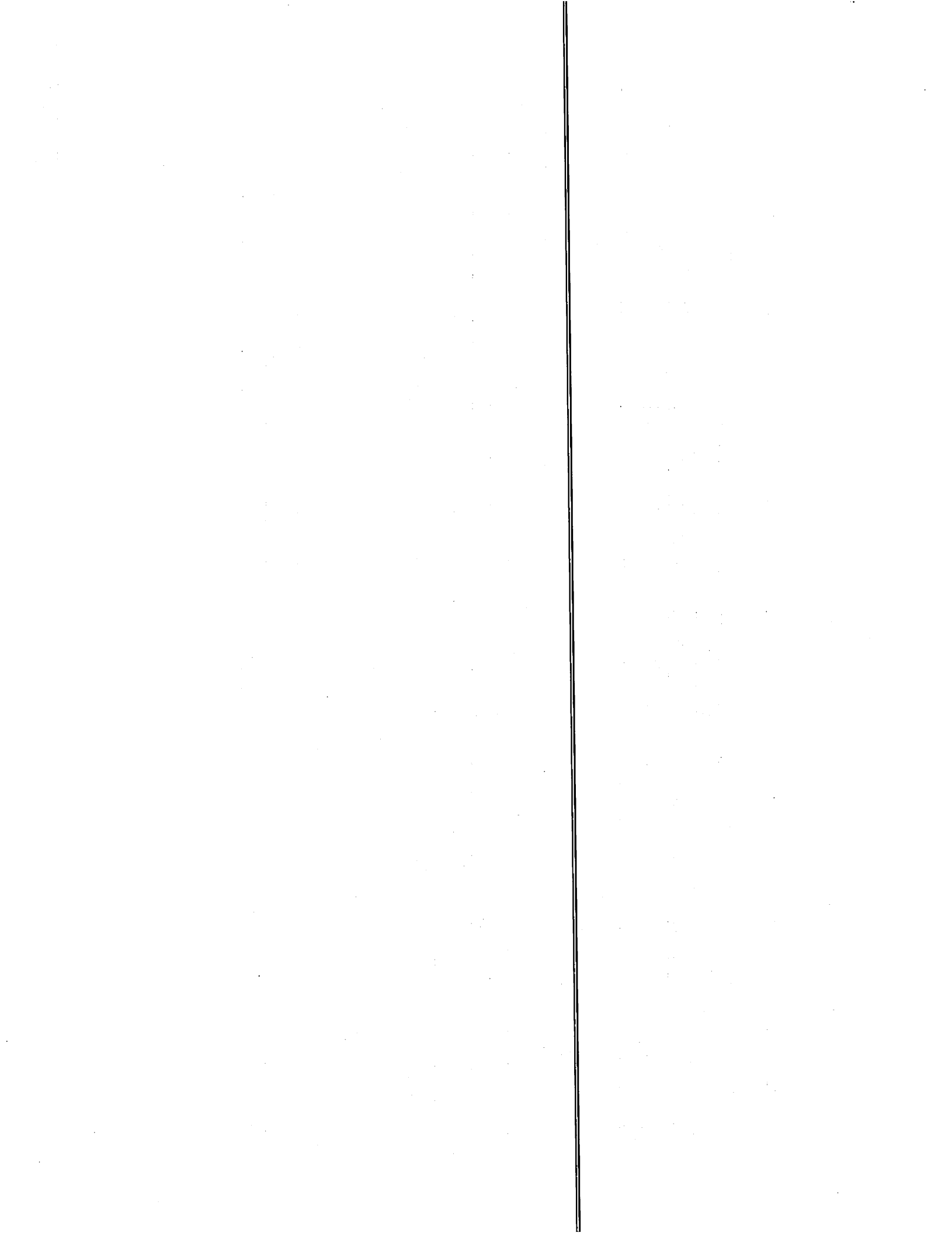
DEP APPROVED SAMPLE SITE INFORMATION			TOTAL COLIFORM RESULT <sup>4,5</sup>	E. COLI or FECAL RESULT <sup>4,5</sup>	CHLORINE RESULT <sup>2</sup> mg/L	HPC RESULT <sup>2</sup> # col/mL	COLLECTION		ANALYSIS		COLLECTED BY	LAB SAMPLE ID #
Sample Type <sup>3</sup>	Location Code # <sup>1</sup>	DEP Approved SAMPLE LOCATION					DATE	TIME	DATE	TIME		
RS	003	Town Garage	Absent	Absent	0.40		05/10/2022	10:30	05/10/2022	17:25	client	LE0211-01
RS	004	Mobil Station	Absent	Absent	0.40		05/10/2022	09:40	05/10/2022	17:25	client	LE0211-02
RS	005	Fairview Hospital	Absent	Absent	0.60		05/10/2022	08:40	05/10/2022	17:25	client	LE0211-03
RS	006	Fairview Commons	Absent	Absent	0.51		05/10/2022	10:00	05/10/2022	17:25	client	LE0211-04
RS	007	Timberlyn Heights Nursing Home	Absent	Absent	0.72		05/10/2022	08:25	05/10/2022	17:25	client	LE0211-05
RS	008	Waste Water Treatment Plant	Absent	Absent	0.38		05/10/2022	10:15	05/10/2022	17:25	client	LE0211-06
RW	RW1	Green River Pump Station	Absent	Absent			05/10/2022	08:00	05/10/2022	17:25	client	LE0211-07
RS	EP1	Green River Pump House	Absent	Absent	0.69		05/10/2022	08:00	05/10/2022	17:25	client	LE0211-08
RS	STOR1	Berkshire Heights Tank	Absent	Absent	0.61		05/10/2022	08:55	05/10/2022	17:25	client	LE0211-09
RS	STOR2	Blue Hill Storage Tank	Absent	Absent	0.38		05/10/2022	09:25	05/10/2022	17:25	client	LE0211-10

<sup>1</sup> DEP Sample Type, Location Code#, and DEP Approved Sample Site Location must correspond to the sample information on your DEP Total Coliform Sampling Plan  
<sup>2</sup> SWTR systems: HPC samples shall be taken at the same distribution sites and at the same time as total coliform, whenever chlorine residual is not detected at the sample site.  
<sup>3</sup> Sample Type: RS-Routine Distribution Sample,RO-Original Site Repeat,UR-Upstream Repeat,DR-Downstream Repeat,AR-Additional Repeat,RW-Raw Water,PT-Plant Test,SS-Special Sample  
<sup>4</sup> Report as #/100mL,P (present),A (absent), or Too Numerous To Count: TNTC-I (invalid) or TNCT-P (present).  
<sup>5</sup> Collect appropriate number of repeat samples within 24 hours of laboratory notification for coliform-positive or invalid samples. Notify DEP of any routine or repeat E.Coli or fecal positive results by the end of the business day.

I certify under penalties of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best extent of my knowledge.

Laboratory Authorized Signature and Date:  05/12/2022

DEP Review Status:  Accepted  Disapproved Review Comments:





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Primary Lab MA Cert.#: M-MA1146 Primary Lab Name: Microbac Laboratories, Inc., Lee Subcontracted?(Y/N): N

Analysis Lab MA Cert.#: M-MA1146 Analysis Lab: Microbac Laboratories, Inc., Lee

Original Report  Resubmitted Report  Confirmation Report (1) Reason for Resubmission:  Resample  Reanalysis  Report Correction (2) Collection Date of Original Sample:

TC Method	E. Coli Method	Enterococci Method	Fecal Coliform	HPC Method	Lab Sample Notes:
B (Collert-18 Quanti-Tray)-0	B (Collert-18 Quanti-Tray) 20				

DEP APPROVED SAMPLE SITE INFORMATION			TOTAL COLIFORM RESULT <sup>4,5</sup>	E. COLI or FECAL RESULT <sup>4,5</sup>	CHLORINE RESULT <sup>2</sup> mg/L	HPC RESULT <sup>2</sup> # cu/mL	COLLECTION		ANALYSIS		COLLECTED BY	LAB SAMPLE ID #
Sample Type <sup>1,3</sup>	Location Code # <sup>1</sup>	DEP Approved SAMPLE LOCATION					DATE	TIME	DATE	TIME		
SS		New Water Main South Street	<1/100ml	<1/100ml			05/06/2022	13:00	05/06/2022	14:40	client	LE0156-01

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<sup>4</sup> Report as #/100mL, P (present), A (absent), or Too Numerous To Count: TNTC-I (invalid) or TNCT-P (present).  
<sup>5</sup> Collect appropriate number of repeat samples within 24 hours of laboratory notification for coliform-positive or invalid samples. Notify DEP of any routine or repeat E. Coli or fecal positive results by the end of the business day.

I certify under penalties of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best extent of my knowledge.

Laboratory Authorized Signature and Date: *B. White* 05/10/2022

DEP Review Status:  Accepted  Disapproved Review Comments:

